

ROUTING AND TRANSMITTAL SLIP		Date
		27 Sep 88
TO: (Name, office symbol, room number, building, Agency/Post)		Initials Date
1.	DIRECTOR OF SECURITY	
2.		
3.		
4.		
5.		
Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

FYI

DD/A REGISTRY
50-1

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

F	Room No.—Bldg.
	Phone No.

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